SERIAL NO. MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER 1st AMENDMENT AS FILED AFTER 2nd AMENDMENT DEP. IND. DEP. DEP. IND. DEP. IND. DEP. DEP. TOTAL IND. TOTAL TOTAL DEP. TOTAL DEP.

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell National Stage Processing (703) 305-3631

FORM PTO-1360 (REV. 3-78)

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